

**MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS**  
**P. O. Box 200513**  
**(301 S PARK, 4<sup>TH</sup> FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**(406) 841-2395 or 841-2391 FAX (406) 841-2305**  
**E-MAIL: dlibsdptp@mt.gov WEBSITE: www.pt.mt.gov**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 30 days for processing from the date that the Board has a complete routine application)

PHYSICAL THERAPIST / PHYSICAL THERAPIST ASSISTANTS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT A CURRENT ACTIVE MONTANA LICENSE

**LICENSE REQUIREMENTS**

- Must submit a completed application.
- Must submit the application fee(s).
- Must be of good moral character.
- Must be at least 18 years of age.
- Must have graduated from an accredited school of physical therapy or graduated from an accredited physical assistant curriculum.
- Must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE).
- Must pass the Montana Physical Therapy jurisprudence examination.

**FEES**

**\$100.00 Application Fee**

**\$125.00 Application for Out-of-State Fee**

**\$100.00 Temporary License Fee**

Make check or money order payable to the Montana Board of Physical Therapy Examiners (All fees are non-refundable)

**PHOTOS**

Please place photo on application as indicated (passport size is preferable).

**DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

**U.S. GRADUATES**

1. A completed Licensure Application form.
2. The application fee(s). The check is to be made payable to Montana Board of Physical Therapy Examiners.
3. A copy of the certificate of graduation (diploma) or official transcripts sent directly to the Board from a board-approved physical therapy school or physical therapist assistant curriculum.
4. A recent photograph of the applicant taken within the last six months.
5. Three statements of good moral character, one of which is a professional reference from a licensed physical therapist, and two others from persons with knowledge of the applicant within the past five years. **All reference letters must be sent directly to the Board**

**office from the reference source.** A form is attached for your use. The form may be copied as needed.

6. Verification of physical therapy or physical therapy assistant instruction and graduation. A form is attached for your use. The form may be copied as needed.
7. If the applicant is or has been previously licensed in any jurisdiction, official certification(s) of licensure must be submitted from **ALL** applicable states. A form is included for obtaining the verification(s). The form may be copied as needed.
8. If the applicant has previously taken the national examination in **any** jurisdiction the test scores must be obtained from the Federation of State Boards of Physical Therapy (fsbpt.org) who will report directly back to the Board office.

### **FOREIGN GRADUATES**

1. All the documents for U. S. graduates (above).
2. If from a non-English speaking culture, the applicant must pass the test of English as foreign language (TOFEL) with a score of 50%.
3. Evaluation of the applicants' educational background performed by a credentialing service such as Foreign Credentialing Commission of Physical Therapy (FCCPT).
4. Foreign trained physical therapy assistants are not eligible for licensure,

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.**

### **ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE**

- If you are applying for a temporary license, please complete the "temporary license application" form attached to the application. The temporary license shall be valid until the Board makes its' final determination on licensure.
- Complete the jurisprudence examination attached.

### **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed and considered by Board members for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Complete non-routine applications may take up to 120 days to process. **All foreign applications are considered non-routine.**
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ The applicant must pass the Montana Jurisprudence Examination, which is an open book examination covering current Montana physical therapy statutes and rules, subject to Title 37, chapters 1, and 11, Montana Code Annotated. To pass the examination an applicant

must score at least a 90%. You will find a copy of the Jurisprudence Examination attached to the application, which you must complete and return with the licensure application. The statutes and rules are located on our website at [www.pt.mt.gov](http://www.pt.mt.gov). Applicants failing the Jurisprudence Examination shall retake the examination until passed. A fee of \$25.00 will be charged for each retake.

- The applicant must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE). These examinations are computer-based (taken on a computer). The Federation of State Boards of Physical Therapy (FSBPT) is the organization responsible for administering and developing these examinations. Although Montana neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams. The FSBPT is responsible for the examination registration and fees. To pass the licensing examination an applicant must score a passing grade equal to or higher than a scaled score of 600. An applicant failing to pass the examination will need to reregister with the FSBPT. Upon approval of the license application, the applicant will be notified by the Board authorizing them to retake the national exam.
- ◆ Examination applicants are eligible for the issuance of a temporary license upon approval of the licensure application.
- ◆ An applicant applying for out-of-state licensure who has not been actively engaged in the physical therapy profession in the five years immediately preceding application will be required to undergo continued study in the field of physical therapy. Subject to the discretion of the Board continued study may include, but will not be limited to, the following:
  - a. supervised internships;
  - b. independent study;
  - c. refresher course;
  - d. pertinent graduate or undergraduate course work;
  - e. pertinent continuing education courses;
  - f. specialized study in a specific area.

## **PROCESSING PROCEDURES**

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

**For information with regard to the processing of this application or other concerns please contact the Board of Physical Therapy Examiners staff at (406) 841-2395 or email us at [dlibsptp@mt.gov](mailto:dlibsptp@mt.gov)**

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PHYSICAL THERAPY ON OUR WEBSITE: [www.pt.mt.gov](http://www.pt.mt.gov)



12. Have you ever practiced any other branch of the Healing Arts? Please list.  Yes  No

13. Have you read the Physical Therapy Laws and Rules for the State of Montana?  Yes  No

14. List all professional licenses, registrations or certificates you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory. Use a supplemental sheet if necessary.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.  Yes  No

16. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.  Yes  No

17. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation.  Yes  No

18. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.  Yes  No

19. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.  Yes  No

20. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation.  Yes  No

21. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.  Yes  No

22. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation.  Yes  No

23. Have you any physical or mental condition, which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.  Yes  No

24. Have you used alcohol or any other mood-altering substance in a manner, which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation.  Yes  No

**25. PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

26. **PRACTICE HISTORY:** List **all** places where you have practiced as a physical therapist or physical therapist assistant in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name & Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

**27. PROFESSIONAL & CHARACTER REFERENCES.**

Please type or print names and addresses of three references (one must be a PT), which have known you or associated with you for a minimum of one year.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Physical Therapy Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Signature of Notary Public

SEAL

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_.

**MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS**  
**P. O. Box 200513**  
**(301 S PARK, 4<sup>TH</sup> FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**(406) 841-2395 or 841-2391 FAX (406) 841-2305**

**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 6 and 7).

\_\_\_\_\_  
Legal signature of Applicant \_\_\_\_\_  
Date

(Please Type or Print):

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This verification sent to: \_\_\_\_\_

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Physical Therapy Examiners. Your response will be kept confidential.

Name of reference: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/profession/position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Do you consider this applicant worthy of approval to practice as a physical therapist/physical therapist assistant in Montana? \_\_\_\_\_

\_\_\_\_\_

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.

**VERIFICATION OF LICENSURE**  
THIS IS NOT AN ENDORSEMENT CERTIFICATION

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

STATE BOARD:

I am applying for a license to practice physical therapy/physical therapy assistant in the State of Montana. The Board of Physical Therapy Examiners requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHYSICAL THERAPY EXAMINERS, 301 SOUTH PARK AVENUE, P. O. BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

My License Number is/was: \_\_\_\_\_

**DO NOT DETACH** -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

License is current? \_\_\_\_\_ If NO, explain \_\_\_\_\_

Licensed by: \_\_\_\_\_ Examination \_\_\_\_\_ Endorsement \_\_\_\_\_ Other (please list) \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined? \_\_\_\_\_

If YES, explain and attach documentation \_\_\_\_\_

Has licensee ever been requested to appear before your Board? \_\_\_\_\_

If YES, explain \_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
State Board: \_\_\_\_\_ Date: \_\_\_\_\_

**MONTANA BOARD OF PHYSICALTHERAPY EXAMINERS**  
**Federal Building, 301 South Park**  
**P. O. Box 200513**  
**Helena, Montana 59620-0513**  
**(406) 841-2395 or 841-2391 FAX (406) 841-2305**  
**E-MAIL: dlibsdp@mt.gov**  
**WEBSITE: www.pt.mt.gov**

**EXAMINATION APPLICANTS - PHYSICAL THERAPIST**  
**OR PHYSICAL THERAPIST ASSISTANT - TEMPORARY LICENSE APPLICATION**

To be completed by the examination applicant:

I, \_\_\_\_\_ (applicant), hereby apply for a temporary license to practice physical therapy in the State of Montana. I understand that the temporary license is valid until I either fail the first license examination or pass the examination, and the Board of Physical Therapy Examiners' makes a final determination on my examination application. After issuance of the temporary license, the applicant must schedule his/her examination within 120 days of the issuance date. Only one temporary license will be issued per applicant. This form must also be signed by the licensed physical therapist responsible for providing direct on-site supervision, pursuant to MCA 37-11-309 (2).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

(Please print name) \_\_\_\_\_ License # \_\_\_\_\_

Agency/Organization \_\_\_\_\_

**BOARD OF PHYSICAL THERAPY EXAMINERS**  
**(301 South Park, 4<sup>th</sup> Floor – Delivery)**  
**P. O. Box 200513**  
**Helena, Montana 59620-0513**  
**(406) 841-2395 or 841-2391 FAX (406) 841-2305**  
**E-MAIL: dlibsdptp@mt.gov**  
**WEBSITE: http://www.pt.mt.gov**

This form is to be completed by the applicant's physical therapy school and filed in the office of the Montana Board of Physical Therapy Examiners. The applicant should complete Section I of the form and forward the form to their physical therapy or physical therapist assistant school for verification of graduation. The school is requested to complete Section II of the form and return the completed form directly to the Board office at the address given above. (If the applicant has attended more than one school, verification from each school must be obtained. The applicant may copy this form as needed.)

**SECTION I**

To: \_\_\_\_\_

From: \_\_\_\_\_

**SECTION II**

**VERIFICATION OF INSTRUCTION AND GRADUATION**

I, hereby certify that, \_\_\_\_\_, attended  
(name of applicant)

\_\_\_\_\_ years of (**physical therapy**) or (**physical therapist assistant**) instruction at:

\_\_\_\_\_  
(Name of University) State/Province

and that the applicant received the degree of \_\_\_\_\_  
(type of degree)

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date